

Twin Cities Healthy Start Sites Scope of Services Phase I/Phase II sites

Target population and services

The target populations for the Twin Cities Healthy Start program are African American and American Indian pregnant women residing in Minneapolis and St. Paul. All women residing within the two cities, regardless of race/ethnicity, national origin, or English language proficiency, defined by program criteria as at risk psychosocially for poor birth outcomes and/or under the age of 18 years, are eligible to receive Twin Cities Healthy Start program services.

Required program services span the participant's pregnancy to the infant's second birthday and include on-site program marketing, screening to identify psychosocial risk factors, health education, case management activities to address identified risks, and participation of staff and program participants in Consortium activities.

Federal grant requirements

Healthy Start funds may not be used for entertainment costs. Trips and/or activities for Healthy Start clients must relate to both the goal of reducing infant mortality and the approved project objectives.

Fund raising costs are unallowable. Healthy Start funds, e.g., staff salary, contract personnel, consultants or costs for items to be sold or raffled, may not be used for fund raising activities.

City Contractor requirements

Project staff traveling for Twin Cities Healthy Start will be required to adhere to City travel policies, including attendance at all conference sessions, securing economical airfare and hotel fares, and submitting receipts for all travel expenses, including meals and transportation.

PHASE I REQUIREMENTS

A. Recruitment, psychosocial screening, eligibility determination, and consent process

1. Develop and implement a program participant recruitment and enrollment plan.
2. Develop and implement a client consent form for data sharing that conforms to the HIPAA Privacy Rule and Minnesota Data Practices Act requirements.
3. Administer the Prenatal Risk Overview (PRO) to assess psychosocial risk factors and determine eligibility for the TCHS program. Ensure that interpreters use the translated version of the PRO provided by the TCHS Central Office for women who speak Hmong, Somali, or Spanish.
4. Identify pregnant women who are eligible for TCHS based on young age, psychosocial risk factors identified through the PRO, and residency.
5. Explain TCHS to eligible pregnant women and encourage them to participate.

6. Explain that TCHS services are available to eligible women through pregnancy to the infant's second birthday.
7. Explain the data-sharing requirements for participation in TCHS and get informed, signed consent from program participants.
8. Document enrollment in the TCHS Screening and Case Management System.
9. Enter all requested data on the Client Information Page in the TCHS Screening and Case Management System, and update the information as needed.

B. Case management and health education activities

10. Develop and implement prenatal case management protocols approved by the assigned TCHS Site Coordinator.
11. Work with each prenatal participant to prepare a case management plan based on identified risk factors and her cultural and personal preferences.
12. Assist program participants with enrolling in public health care programs, as needed.
12. Provide required prenatal health education components (See Attachment A) or ensure that program participant receives education elsewhere.
13. Document required health education components, prenatal participant encounters, and case management services in the TCHS Screening and Case Management System.
14. Record risk factor status at delivery, birth outcome and other requested data in the TCHS Screening and Case Management System.
15. Accept referrals from TCHS Central Office, health plans, community-based agencies or other TCHS contractors for potentially eligible clients for TCHS services.
16. Work with Central Staff to facilitate transfer of a program participant to another site if the transfer is requested by the participant or in her best interest.

PHASE II REQUIREMENTS (availability of phase II services is required until the infant's second birthday)

A. Psychosocial screening

13. Administer the Postpartum Risk Overview (PPRO) to assess psychosocial risk factors approximately 6-8 weeks after delivery. Ensure that interpreters use the translated version of the PPRO provided by the TCHS Central Office for women who speak Hmong, Somali, or Spanish.

B. Case management and health education activities

14. Develop and implement postpartum case management protocols approved by the assigned TCHS Site Coordinator.
15. Work with each postpartum participant to prepare a case management plan based on identified risk factors and her cultural and personal preferences.
16. Provide required postpartum/interconception health education components (see Attachment A) or ensure that program participant receives education elsewhere.

17. Document required health education components, program participant encounters and status, and case management services in the TCHS Screening and Case Management System at required intervals.
18. Refer for provision of contraceptive services when needed.
19. Encourage and monitor adherence to recommended well-child visits and infant immunizations.
20. Assist the program participant with enrolling in public health care programs, when considered necessary.
21. Encourage and assist the program participant with identifying a medical home for her and family members, when necessary.

ADMINISTRATIVE REQUIREMENTS

1. Designate one staff member as contract manager to be responsible for all aspects of TCHS program implementation.
2. Submit to Central Staff a roster of all staff members working with TCHS, including mailing address, e-mail address, telephone numbers, fax, cell phone number and pager numbers, if applicable. Notify TCHS Site Coordinator of staff changes as soon as possible.
3. Maintain a record of all items distributed to program participants purchased with TCHS Funds. The record must include program participant name, item(s) and date of receipt, and name of staff person distributing the item(s). For gift cards, portable cribs and car seats, the recipient must sign a receipt, and the staff member distributing the item must sign as a witness. Provide the record for Central Staff on a quarterly basis.
4. Participate in the following meetings or training sessions:
 - a. Orientation to TCHS for new contractors/staff
 - b. Executive Committee of the Consortium, bi monthly meetings (one agency representative who can cast a vote for the agency).
 - c. Advisory Committee of the Consortium, 1-3 meetings annually as assigned (one staff member).
 - d. Training on use of the Prenatal and Postpartum Risk Overviews and the Twin Cities Screening and Case Management System (all staff as necessary).
 - e. Case managers meeting (twice annually).
5. Recruit a program participant to apply for membership of the Advisory Committee when a site vacancy occurs, to maintain two site representatives.
6. Include the following language on all marketing, public relations, or educational materials developed to market your TCHS project: "A project of the Minneapolis Department of Health and Family Support and the Maternal and Child Health Bureau of the federal Health Resources and Services Administration." Submit marketing materials to Site Coordinators for review and approval prior to distribution.
7. Provide access to a personal computer and the Internet for program staff members who conduct screening and/or case management activities.
8. Provide space, computer and Internet access as needed to accommodate the Site Coordinator assigned to your site.
9. Make initial contact with Public Health Nurses (when practicable) to provide case review in multi-disciplinary team meetings.

10. Provide annually at the TCHS Director's request a record of the number of prenatal clients served based on administrative clinic data sources for purposes of determining the proportion of clients screened by the PRO.
11. Ensure that all food and beverages purchased with TCHS funds for program participants are nutritious and set an example for healthy eating (fruits and vegetables available; selections low in fat, sugar, salt; desserts in small portions).
12. Ensure the distribution of Super America gift cards to participants is monitored, recorded and include program participant name and signature, reason for need, date of receipt and signature of staff person distributing the gift card/cards. Provide the record for Central Staff upon request. (SA gift cards are a one time only distribution to contracted sites)

Reporting requirements

1. All fields in the TCHS Screening and Case Management System should be completed. Program Participants should be terminated if they cannot be contacted to obtain required data.
2. A program progress report describing achievements and challenges related to work plan activities and measurable objectives should be submitted by January 31, 2011 for activities completed between June 1 and December 31, 2010, and by June 30, 2011 for activities completed between January 1 and May 31, 2011. If preferred, sites may request that the Central Staff Site Coordinator interview program site staff to get the information for this report.
3. Any income generated by program activities must be reported at the end of the project period.

TCHS enrollment, service, and retention goals for Phase I

1. 100% of prenatal participants who reside in Minneapolis or St Paul will be administered the Prenatal Risk Overview interview.
2. 95% of screened clients will consent to share their screening results and personal identifiers with the Minneapolis Department of Health and Family Support for purposes of program evaluation.
3. 75% of eligible prenatal participants will be enrolled in TCHS.
4. Receipt of all required health education components will be documented for 75% of program participants.
5. Actions taken to reduce or resolve risk areas will be documented on the Prenatal Eligibility Case Management page for 75% of the risk factors identified as high or moderate. (Required actions are identified in the case management protocol.)
6. Contact will be maintained with 50% of program participants through pregnancy and delivery, excluding participants who choose to disenroll from the program or move out of the service area.

TCHS enrollment and retention goals for Phase II

7. 75% of Phase I participants for whom delivery information is available will be administered the Postpartum Risk Overview interview.
8. Postpartum family planning method will be identified by 80% of Phase II participants approximately 6-8 weeks after delivery.
9. Receipt of all required health education components will be documented for 50% of PHASE II participants.
10. Actions taken to reduce or resolve risk areas will be documented on the Postpartum Case Management page for 75% of the risk factors identified as high or moderate. (Required actions are identified in the case management protocol.)

Other Performance Measures

Contract performance will be measured by:

1. Complete entry of all information in the TCHS Screening and Case Management System.
2. Staff and program participant attendance at required meetings and activities.
3. Sound fiscal management.

Responsibilities of the Twin Cities Healthy Start administrative staff

1. Assist contractors with the development and implementation of TCHS program protocols.
2. Provide orientation to new staff about TCHS, service guidelines, documentation and data collection requirements.
3. Provide training and ongoing technical assistance.
4. Manage phone calls received on the Central Office referral line, and refer accordingly.
5. Serve as a liaison between contractors and the program evaluator.
6. Stay well informed of current information related to maternal child health and represent the TCHS project's interests on a national, state, and local level.
7. Maintain communication with federal and other funding avenues to coordinate any technical assistance available.
8. Assist contractors with access to the TCHS Screening and Case Management System and prepare routine data reports.
9. Produce customized data analysis on request.
10. Provide contractors with educational resources for program participants.
11. Provide contractors with electronic versions of the TCH Logo for use on marketing materials

ATTACHMENT A

REQUIRED HEALTH EDUCATION TOPICS

Phase I

- Prenatal care
- Childbirth
- The use of folic acid before and during pregnancy
- Nutrition
- The benefits of breastfeeding
- Preterm labor
- Tobacco cessation
- Fetal alcohol and drugs use effect on preterm labor
- Safe infant sleep practices
- Family planning methods
- Early identification and treatment for HIV and STDs.

Phase II

- Interconceptional health
- The use of folic acid before and during pregnancy
- Nutrition
- The benefits of breastfeeding
- Nutrition
- Safe infant sleep practices
- Tobacco cessation
- The harmful effects of secondhand smoke on children
- Effects of maternal alcohol and drug use
- Family planning methods
- Early identification and treatment for HIV and STDs,
- Parenting and child development.

Health education will be culturally relevant (when practical).

Education may be provided:

- on site individually or in a group setting
- during a home visit, or
- through a referral to another community agency

A face-to-face conversation with opportunities for discussion is preferred but education can be supplemented through written materials, videotapes, DVDs, or on-line resources.

A program participant's statement that she attended training elsewhere or read/viewed materials is sufficient documentation of off-site compliance with this requirement.